

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 10/10/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: FRAMING SYSTEM FOR BUILDINGS  
Attorney Docket Number:: 11633.00078  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: Alan  
Family Name:: Meek  
Name Suffix::  
City of Residence:: Phoenix  
State or Province of Residence:: Arizona  
Country of Residence:: USA  
Street of mailing address:: 2525 North 27<sup>th</sup> Avenue  
City of mailing address:: Phoenix  
State or Province of mailing address:: Arizona  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 85009

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: Donald  
Family Name:: Plueard  
Name Suffix::  
City of Residence:: Phoenix  
State or Province of Residence:: Arizona  
Country of Residence:: USA  
Street of mailing address:: 2525 North 27<sup>th</sup> Avenue  
City of mailing address:: Phoenix

State or Province of mailing address:: Arizona

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 85009

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/442,696	01/27/03


### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Allied Tube & Conduit Corporation  
 Street of mailing address:: 16100 South Lathrop Avenue  
 City of mailing address:: Harvey  
 State or Province of mailing address:: Illinois  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 60426